



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

										FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →										
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
2. Last Name Mansfield		First Name Angela		Middle Name Lynn		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee		
4. Mailing Address 7836 Harcourt Springs Court					5. FAX (Optional) ()		6. E-mail Address (Optional) angelamansfield@aol.com			
7. City Indianapolis		State IN	ZIP Code 46260	8. County Marion		9. Telephone (Day) (317) 413-6868		10. Telephone (Evening) ()		
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other					12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Indianapolis City-County Councillor, District 1					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.										
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Elect Angela L. Mansfield										
14. Mailing Address <input type="checkbox"/> Check if this is a new address 7836 Harcourt Springs Court					15. FAX (Optional) ()		16. E-mail Address (Optional) angelamansfield@aol.com			
17. City Indianapolis		State IN	ZIP Code 46260	18. County Marion		19. Telephone (317) 413-6868		20. Committee Organization Date (MM-DD-YY) 03-05-03		
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Angela L. Mansfield										
22. Mailing Address <input type="checkbox"/> Check if this is a new address Same as above					23. FAX (Optional) ()		24. E-mail Address (Optional)			
25. City		State	ZIP Code	26. County		27. Telephone (Day)		28. Telephone (Evening)		
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase										
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)										
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.					Person Appointed Treasurer Angela L. Mansfield			Signature of the Committee Chairperson <i>Angela L. Mansfield</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Angela L. Mansfield										
34. Mailing Address <input type="checkbox"/> Check if this is a new address Same as above					35. FAX (Optional) ()		36. E-mail Address (Optional)			
37. City		State	ZIP Code	38. County		39. Telephone (Day)		40. Telephone (Evening)		
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)										
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).					Signature of Person Accepting Appointment <i>Angela L. Mansfield</i>					
SECTION E. CERTIFICATION OF STATEMENT										
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.										
42. Typed or Printed Name of Chairperson Angela L. Mansfield			Signature of Chairperson <i>Angela L. Mansfield</i>				Date (MM-DD-YY) 1/22/15			
43. Typed or Printed Name of Candidate Angela L. Mansfield			Signature of Candidate <i>Angela L. Mansfield</i>				Date (MM-DD-YY) 1/22/15			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).										

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FILED

JAN 22 2015

Myra A. Eldridge